

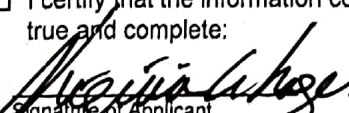
CHADDS FORD TOWNSHIP

Delaware County, Pennsylvania

Subdivision/Land Development Application

Complete Preliminary/Final Plan Checklist(s). See Chapter 110 of the Township Code and current Fee Schedule as needed.

Note: For items 4 through 8 include firm and individual representative, where applicable. Submit IRS Form W-9 with Escrow deposit.

<p>1 PRELIMINARY PLAN <input type="checkbox"/> Plans Dated: _____ If filing single Preliminary-Final, use Box 2</p> <p>2 FINAL PLAN <input type="checkbox"/> Plans Dated: _____ If requesting waiver of Preliminary Plan, Check → <input checked="" type="checkbox"/> 27 OCTOBER 2021 (Preliminary/Final)</p> <p>4 APPLICANT--See Page 2 Firm/Individual: BRANDYWINE CONSERVANCY & MUSEUM OF ART Address: 1 HOFFMAN'S MILL ROAD CHADDS FORD, PA 19317 Tel: (610) 388-8335 Fax: _____ email: vlogan@brandywine.org</p> <p>5 LANDOWNER--See Page 2 Name(s): BRANDYWINE CONSERVANCY & MUSEUM OF ART Address: 1 HOFFMAN'S MILL ROAD CHADDS FORD, PA 19317 Tel: (610) 388-8335 Fax: _____ email: vlogan@brandywine.org</p> <p>6 DEVELOPER--See Page 2 Firm/Individual: Not Applicable Address: _____ Tel: _____ Fax: _____ email: _____</p> <p>9 Name of Proposed Subdivision or Land Development: Not Applicable Total Acres: _____ No of Lots: _____ Number and type of proposed buildings and other structures: _____ Folio Number: _____ Map Number: _____ Deed Book & Page No. _____ Include copy of Deed with application.</p> <p>11 I certify that the information contained herein is, accurate, true and complete:  26 OCT 2021 Signature of Applicant Date</p>	<p>3 FOR TOWNSHIP USE ONLY</p> <p>Date Received _____ Fee Received \$ _____ Escrow Amt. Received \$ _____ W-9 rec'd: _____ Date of the next meeting of the Planning Commission _____ Planning Commission Date application accepted as complete: _____ Date application returned as incomplete: _____</p> <p>7 ATTORNEY Firm/Individual: ADAM MATLAWSKI Address: 1223 NORTH PROVIDENCE ROAD MEDIA, PA 19063 Tel: (610) 565-4322 X101 Fax: _____ email: amatlawski@mbmlawoffice.com</p> <p>8 ENGINEER Firm/Individual: MICHELE ADAMS - MELIORA DESIGN Address: 259 MORGAN ST PHOENIXVILLE, PA 19460 Tel: (610) 933-0123 X102 Fax: _____ email: michelea@melioradesign.com</p> <p>10 List of plans, documents, studies, reports and other submissions included with this application form:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Document Title</th> <th>Dated</th> </tr> </thead> <tbody> <tr> <td>COVER SHEET</td> <td>26 OCT 2021</td> </tr> <tr> <td>EXISTING CONDITIONS</td> <td>26 OCT 2021</td> </tr> <tr> <td>EXIS COND - PARCELS</td> <td>26 OCT 2021</td> </tr> <tr> <td>LAYOUT & IMPROVEMENTS</td> <td>26 OCT 2021</td> </tr> <tr> <td>E & S CONTROL PLAN</td> <td>26 OCT 2021</td> </tr> <tr> <td>MECH BLDG (TO BE SUBMITTED)</td> <td>26 OCT 2021</td> </tr> </tbody> </table> <p>12 PLANNING COMMISSION RECOMMENDATION Approve _____ Disapprove _____ Signature of Chair or Vice Chair Date</p>	Document Title	Dated	COVER SHEET	26 OCT 2021	EXISTING CONDITIONS	26 OCT 2021	EXIS COND - PARCELS	26 OCT 2021	LAYOUT & IMPROVEMENTS	26 OCT 2021	E & S CONTROL PLAN	26 OCT 2021	MECH BLDG (TO BE SUBMITTED)	26 OCT 2021
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Chadds Ford Township ♦ 10 Ring Rd. ♦ Chadds Ford, PA 19317-9101 ♦ T: 610.388.8800 ♦ F: 610.388.5057 ♦ www.ChaddsFordPA.gov ♦ rev. 1/12

CHADDS FORD TOWNSHIP**Subdivision/Land Development****SUPPLEMENTAL INFORMATION****FOR BUSINESS ENTITIES, CORPORATIONS, FICTITIOUS NAME, PARTNERSHIPS, FOREIGN ENTITIES, ETC.**

If Applicant, Landowner or Developer is a business entity, Corporation, Limited Liability Corporation, Partnership, Limited Liability Partnership, Trust, operates under a fictitious name or is a foreign entity, please complete 4, 5, & 6 on Page 1 and provide the following information:

4a APPLICANT BRANDYWINE CONSERVANCY & Business Entity: MUSEUM OF ART Morris W. Stroud, II – Chair Dorothy A. Matz – Vice Chair and Chair of the Museum _____ Committee Gregory F. Fields – Treasurer _____ David Harrington – Assistant Treasurer _____ Jack M. Hines, Jr. – Chair of the Conservancy Committee _____ W. Donald Sparks, II, Esquire – Secretary _____ Virginia A. Logan – Assistant Secretary _____	Jurisdiction in which incorporated, organized or registered: Delaware Date entity formed: 9/6/1967 If foreign entity, date registered in Pennsylvania NA Contact information for parent company: NA
5a LANDOWNER Business Entity: SAME Officers & Titles: 	Jurisdiction in which incorporated, organized or registered: _____ Date entity formed: _____ If foreign entity, date registered in Pennsylvania _____ Contact information for parent company: _____
6a DEVELOPER Business Entity: _____ Officers & Titles: 	Jurisdiction in which incorporated, organized or registered: _____ Date entity formed: _____ If foreign entity, date registered in Pennsylvania _____ Contact information for parent company: _____

ADDITIONAL INFORMATION AND NOTES:
